

## ***What's Missing***

### **Race Groupings**

The cancer reporting rules require that the race of each case be included in the data provided to WSCR. However, special studies linking Indian Health Services data to WSCR have revealed that Native Americans are often reported as Caucasians and are therefore, underreported in WSCR. There have not been special studies for other racial and ethnic groups and so we do not know whether other groups are accurately reported. Therefore, we have not included information by race and ethnicity in this report. We will continue to assess the accuracy of reporting with the goal of including this information in future reports.

### **Information on Prevention, Early Detection and Treatment**

Illness and death due to cancer are increasingly preventable through the application of growing knowledge about the causes of cancer, improved screening and early diagnosis techniques, and more effective treatment. Extensive information on prevention through changing modifiable risk factors, early detection through routine screening, and preferred treatment modalities is available. We have not attempted to reproduce this information in detail. However, a brief summary of the most important public health aspects of cancer prevention and control follows in the paragraphs below. We have provided a resource list in Appendix B for those interested in more detail.

Screening for early detection has a clear role in reducing the disease burden due to cancer of the female breast, the uterine cervix and colorectal cancer (NCI, 1997). There is also evidence that routine examination of the skin is effective in reducing mortality from melanoma. (NCI, 1997)

Major reductions in cancer rates, and in an individual's likelihood of developing cancer, are achievable through primary prevention strategies. The elimination of tobacco use would markedly reduce the incidence lung cancer and reduce the incidences of cancer of the oral cavity and pharynx, esophagus, bladder, kidney, and pancreas. (Schottenfeld and Fraumeni, 1996) Cancers of other sites, especially those of squamous cell, such as squamous cell cancer of the uterine cervix, may also be reduced by elimination of tobacco use. (Schottenfeld and Fraumeni, 1966). A diet low in fat, high in fiber and including five or more servings per day of fruits and vegetables is likely to reduce the risk for cancer of the colon and rectum, oral cavity, esophagus and stomach (Schottenfield and Fraumeni, 1996) and possibly reduce the risk of breast cancer (NCI, 1997). Additional studies have shown beneficial effects of a diet rich in fruits and vegetables for prevention of cancer at other sites, such as uterine cervix, ovary, endometrium, lung, larynx, and other organs, but the scientific literature for these sites is not as extensive and/or consistent as for the sites previously listed. (Schottenfeld and Fraumeni, 1996) Regular, moderate exercise has also shown evidence of benefit in the prevention of cancer at a number of sites, such as colorectal and breast (NCI, 1997). The overall health benefit of these habits, and

their lack of countervailing risk, makes them wise choices for cancer prevention. Health care providers, public health agencies and voluntary organizations can provide the education which helps people make healthy choices.

While individual behavior plays an important role in cancer prevention, governmental and other societal entities have key roles as well. Policies and regulations that, for example, ban cigarette smoking, reduce youth access to tobacco, assure delivery of health services and control occupational exposures are important for preventing and controlling cancer.

## References

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Schottenfeld, David and Fraumeni, Joseph F. Jr. Cancer Epidemiology and Prevention, Second Ed. Oxford University Press, 1996.